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(Forms are available in the office of the Hamilton County Clerk, in the office of Court Administration, and at the Hamilton County Courts' website: www.in.gov/hcc)

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MODIFICATION OF COURT REPORTER POLICY

LR29-AR15-109

FORM AR15-109

STATE OF INDIANA) IN THE HAMILTON _____ COURT
NO. _____

) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

Plaintiff

vs.

Defendant

ORDER

Comes now the parties _____ and file their request for the court to modify its policy concerning depositions, which is in the following words and figures:
(H.I.)

And the court having reviewed such request now finds that such request should be granted based on:

- () Needs of the parties;
- () Concerns of any and all witnesses;
- () Needs for security and safety of all witnesses, parties, or community;
- () Other.

NOTE: Court may wish to expand by adding a to-wit: explanation following any of the above items.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that the deposition of _____ may be conducted in the following manner:

- () Use of courtroom or hearing room;
- () Use of county recording equipment;
- () Use of county transcribing equipment and/or computer to prepare such deposition;
- () Use of county supplies for transcription;
- () Use of county copier;
- () Court reporter may record and/or transcribe such deposition on county-compensated time.

SO ORDERED THIS _____ DAY OF _____, 20____.

NOTICE TO:
11/10/98

JUDGE, HAMILTON _____ COURT NO. _____

CCS ENTRY
LR29-TR77-202.10
FORM TR77-202

IN THE SUPERIOR COURT NO.
OF HAMILTON COUNTY

CCS ENTRY

STATE OF INDIANA

CAUSE NO. 29DO _____

vs.

Date: _____

JUDGE'S APPROVAL: _____

The Clerk will please enter the following entry on the Chronological Case Summary (This entry will not appear in the Record of Orders and Judgments):

TYPE OR PRINT LEGIBLY

Attorney for defendant files Appearance and Request to Waive Misdemeanor Initial

Hearing. The Court approves the waiver and sets this cause for the following:

Omnibus date is _____, 20____;

Pre-trial conference is set on the above omnibus date at _____m.;

Bench trial is set for _____, 20____,
at 9:00 a.m. / 1:30 p.m.

Notice to all parties, including BONDSMAN.

Submitted by:

Attorney for the defendant

STATE OF INDIANA) IN THE SUPERIOR COURT NO. _____
) SS:
COUNTY OF HAMILTON) OF HAMILTON COUNTY

Attorney for the defendant

FINANCIAL DECLARATION

LR29-FL00-402.10

FORM 402B

STATE OF INDIANA) IN THE HAMILTON _____ COURT NO. _____
)SS
COUNTY OF HAMILTON) CAUSE NO. _____

Petitioner

vs.

Respondent

HUSBAND:

Name: _____

Address: _____

Employer: _____

Attorney for Husband: _____

Address: _____

Telephone No: _____

WIFE:

Name: _____

Address: _____

Employer: _____

Attorney for Wife: _____

Address: _____

Telephone No: _____

VERIFIED FINANCIAL DECLARATION OF _____

GROSS WEEKLY INCOME-Attach last 3 payroll stubs	AMOUNTS
1. SALARY and WAGES	_____
2. PENSIONS-RETIREMENT/SOCIAL SECURITY/DISABILITY/UNEMPLOYMENT WORKER'S COMP	_____
3. CHILD SUPPORT received from prior marriage	_____
4. DIVIDENDS and INTEREST	_____
5. RENTS/ROYALTIES less ordinary/necessary expenses	_____
6. BUSINESS/SELF-EMPLOYMENT INCOME-not after expenses	_____
7. COMMISSIONS/BONUSES/TIPS	_____
8. All other sources _____	_____
9 TOTAL GROSS WEEKLY INCOME (Total of Lines 1-8)	_____
WEEKLY DEDUCTIONS	

10. Weekly COURT ORDERED CHILD SUPPORT for prior children	_____
11. Weekly LEGAL DUTY CHILD SUPPORT for prior children	_____
12. Weekly HEALTH INSURANCE PREMIUMS (children of marriage only)	_____
13. Weekly ALIMONY/SUPPORT/MAINTENANCE Paid to prior spouses - amounts actually paid weekly	_____
14. SELF-EMPLOYED TAX (1/2 of weekly self-employment taxes)	_____
15 WEEKLY AVAILABLE INCOME (Line 9 less Lines 10 through 13)	_____
16. WORK RELATED CHILD CARE COSTS of custodial parent	_____
17. EXTRAORDINARY HEALTHCARE EXPENSES-uninsured only	_____
18 EXTRAORDINARY EDUCATIONAL EXPENSES	_____
19. TOTAL GROSS WEEKLY DEDUCTIONS FROM GROSS INCOME	_____
NET WEEKLY INCOME (Total line 9 minus total line 19)	_____

Monthly Expenses and Deductions From Income		
(weekly expenses x 4.3/annual expenses divided by 12)		
1. FEDERAL INCOME TAXES		
2. STATE INCOME TAXES		
3. LOCAL INCOME TAXES		
4. SOCIAL SECURITY TAXES		
5. RETIREMENT/PENSION FUND [Mandatory][Optional]		
6. RENT/MORTGAGE PAYMENTS [Primary Residence]		
7. RESIDENCE/PROPERTY TAXES/INSURANCE		
8. MAINTENANCE ON RESIDENCE/lawn care/maid/cleaning/pool		
9. FOOD AND SUPPLIES - at home/eating out with friends/children		
10. ELECTRICITY		
11. GAS/OIL/WOOD HEAT		
12. WATER/SEWER/SOLID WASTE/TRASH COLLECTION		
13. TELEPHONE (monthly base charge)		
14. TELEPHONE (long distance charges only)		
15. PERSONAL CLOTHING-shoes/shoe repair/alterations		
16. PERSONAL EXPENSES-hair/cosmetics/tobacco/film/cards/postage		
17. SPECIAL WORK EXPENSES-uniform/safety shoes/dues parking		
18. LAUNDRY/DRY CLEANING		
19. AUTOMOBILE - loan payment		
20. AUTOMOBILE - gas/oil/car wash		
21. AUTOMOBILE - repairs		
22. AUTOMOBILE - license plates/excise tax/auto club		
23. AUTOMOBILE - insurance		
24. CABLE TELEVISION charges		
25. MEDICAL/DENTAL EXPENSES (non-prescription/unreimbursed expenses)		
26. LIFE INSURANCE		
27. HEALTH INSURANCE		
28. DISABILITY/ACCIDENT/OTHER INSURANCE		
29. ENTERTAINMENT-clubs/travel/recreation/hobbies		
30. CHARITABLE/CHURCH CONTRIBUTIONS		
31. BOOKS/MAGAZINES/NEWSPAPERS		
32. HOME TAX PREPARATION/nonreimbursable business expenses		
33. CHILDREN - clothing/shoes		
34. CHILDREN - allowance/memberships in scouts/uniforms/fees		
35. CHILDREN - school lunches		
36. CHILDREN - book rental/tuition		
37. CHILDREN - lessons/extra curricular activities/tutors		
38. CHILDREN - summer school/drivers education		
39. CHILDREN - special babysitting		
40. OTHER EXPENSES		

INSTALLMENT PAYMENTS	Owner			CURRENT BALANCE	MONTHLY PAYMENT
	H	W	J		
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					

TOTAL MONTHLY EXPENSES AND DEDUCTIONS FROM GROSS INCOME	\$	
AVERAGED WEEKLY EXPENSES AND DEDUCTIONS (divided by 4.3)	\$	

DESCRIPTION							
A. HOUSEHOLD FURNISHINGS, FURNITURE ELECTRONICS EQUIPMENT, APPLIANCES		GROSS VALUE	DEBT	NET VALUE	OWNER		
					H	W	J
1.	In Husband's possession						
2.	In Wife's possession						
B. VEHICLES (Make/Model/Year) including boats, RV's, motorcycles							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
C. CASH ACCOUNTS/CD'S (Name of bank account/last four digits of account number/account type)							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
D. SECURITIES/STOCKS/BONDS							
18.							
19.							
20.							
21.							
E. REAL ESTATE (including mobile homes)		FMV	Mortgage	Net FMV			
Marital Residence (address):							
First Mortgagor:							
Second Mortgagor:							
23. Other real property:							
First Mortgagor:							
Second Mortgagor:							
F. DEFERRED COMPENSATION/ profit sharing/pension plans/Keoghs/IRA's/401k/SEP							
		% vested	Vested FMV				
24.							
25.							
26.							
27.							
28.							
29.							
30.							
G. BUSINESS INTERESTS		% interest	Interest's FMV		OWNER		
					H	W	J
31.							
32.							

H. LIFE INSURANCE (TERM and GROUP)						
Company Name:	Face Amt.	Policy#	Benfic.	H	W	J

33. _____						

I. LIFE INSURANCE (WHOLE)						
Company Name/Policy No.:	Cash Val	Loan	Net Val	H	W	I
34. _____						
35. _____						
36. _____						
OTHER ASSETS (Jewelry/collections/antiques/silver/china/art/cameras)						
37. _____						
38. _____						
39. _____						
40. _____						
41. _____						
42. _____						
43. _____						

List names, ages and relationships of persons living in your household:

Are other persons in your household working? _____

If so, who? _____

Occupation _____ Employer: _____

I declare under penalties for perjury that the foregoing, including any attachments, is true and correct, to the best of my knowledge and belief.

Signature: _____
 Printed Name: _____
 Dated: _____

You are under a duty to supplement or amend this Financial Declaration prior to final hearing if you learn the information provided is incorrect or the information provided is no longer true.

Prepared by:

AFFIDAVIT OF INDIGENCY
LR29-DN01-602.20, LR29-DN02-603.20
FORM DN01/02-602/03

STATE OF INDIANA)
)SS. IN THE CIRCUIT AND SUPERIOR COURT NO. _____
COUNTY OF HAMILTON) OF HAMILTON COUNTY

 CAUSE NO. 29D0 _____

Plaintiff

vs.

Defendant

AFFIDAVIT OF INDIGENCY
FOR DE NOVO APPEAL

I hereby affirm under the pains and penalties for perjury that I cannot afford to post a cash deposit or a surety bond in this case to secure my continued prosecution of a trial de novo, and to secure the payment of any judgment that may be entered against me. I request that the posting of a bond or cash deposit be waived. In support of this request, I affirm that the following information is true and correct.

Name: _____

Address: _____ Telephone: () _____

Usual occupation: _____ Currently employed: Yes No

Employer: _____ Health: _____

BRING HOME pay in each of last six months: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

If unemployed, how long? _____ Why? _____

List amount of any checking or savings account: _____

Cash you have: \$ _____ Money owed to you: \$ _____

Tax refund due? Yes No When _____ Amount \$ _____

Other income such as Unemployment, Disability, Child Support, Worker's Compensation:

\$ _____ What kind: _____ How much: \$ _____

How often: _____

Do you own real estate? Yes No Value \$ _____ Mortgage(s) _____

List all motor vehicles by year, make, model, value, and amount owed: _____

List all personal property such as tools, electronics, appliances, furniture, etc., over \$250.00:

Number of dependents: _____ Ages: _____ Do they live with you? _____

If no, do you pay support? Yes No Monthly amount: \$ _____ Arrearage \$ _____

List total monthly household expenses you pay: _____

List other adults that live with you by name, relation, and monthly bring-home pay: _____

List any debts over \$250.00 by who you owe and how much: _____

The cash deposit in this case would be \$ _____. I have contacted _____
_____ (list bonding agencies).

The cost to me of posting a surety bond in this case would be \$ _____.

I understand that the information given above will be used to determine whether or not I am able to post a cash deposit or surety bond in this case.

Under the pains and penalties for perjury, I hereby solemnly swear, or affirm, that the information above is true and correct to the best of my knowledge.

Date: _____

Signature

CERTIFICATE OF PERSONAL UNDERTAKING

I hereby certify to the court that:

1. I will appear at all time necessary and will prosecute the trial de novo in this cause to final judgment.
2. I will pay any judgment which might be entered against me as the result of the trial de novo in this cause.

Signed on the _____ day of _____, 20____.

Signature

ORDER

The plaintiff/defendant is found to be able/unable to afford to post a surety bond or cash deposit and the clerk is ordered to not permit the filing of the Request for Trial de Novo without such bond or deposit.

Date: _____

Judge, Hamilton Circuit/ Superior Court No. _____

INSTRUCTIONS TO PERSONAL REPRESENTATIVE
OF SUPERVISED ESTATE
LR29-PR00-702.80
FORM PR00-1

Read carefully: date and sign one copy and return it to the court within 10 days. Keep a copy for your reference.

You have been appointed PERSONAL REPRESENTATIVE of the estate of a deceased person. This makes you what is known in law as a “fiduciary” charged with the duty to act responsibly in the best interests of the estate and impartially for the benefit and protection of creditors and beneficiaries. You may be held personally liable if you breach this trust.

This is a SUPERVISED ADMINISTRATION. This means that your actions are supervised almost entirely by the court; therefore, before you take any action of importance to the Estate, such as the transfer or sale of assets, you must first seek the permission of the court. If you have any questions as to whether to seek court permission, you should discuss this with your attorney before taking any action.

Listed below are SOME of your duties. Ask your attorney to more fully explain these and to advise you of other duties you have in your particular circumstances. Although your attorney will assist you, the ultimate responsibility to see that the estate is properly handled rests with you.

INVESTIGATE, COLLECT AND PROTECT THE PROPERTY OF THE DECEDENT

1. Inspect all documents and personal papers of the decedent and retain anything pertinent to tax reporting, location and value of assets, debts or obligations of or to the decedent or any other items of significance to the administration of the estate of the decedent.
2. Complete change of address form at Post Office to have mail forwarded to you.
3. Open a separate account for the estate -- never combine estate funds with any other. Place estate funds in the estate account and use estate money only for estate purposes.
4. Locate and secure all property in which the decedent had any interest, separately or jointly. Maintain adequate insurance coverage.
5. Determine the values of all assets on the date of death, obtaining appraisals if needed.
6. Inventory the contents of any safety deposit box in the presence of a representative of the County Assessor. This is unnecessary if, on the date of death, you were married to the decedent AND you held the safety deposit box as a joint tenant with the decedent.
7. Collect proceeds of life insurance on the life of the decedent which is payable to the estate. Obtain Form 712 from the insurance company, if needed for taxes.
8. Sign your name as “Personal Representative for the Estate of (name of decedent)” on accounts and securities which are registered to the estate. Consent to Transfer forms are available from the County Assessor.

9. File with this court, within sixty (60) days from the date this court issued your letters, a verified inventory of all property belonging to the decedent on the date of death along with values as of that date.

PAY VALID CLAIMS AND KEEP RECORDS OF ALL DISBURSEMENTS

10. Personally notify decedent's creditors whom you can reasonably ascertain. Others are notified by publication in the newspaper. Generally, creditors have five (5) months after the date of first publication to submit their claims.
11. Pay legal debts and funeral bills and keep notations indicating the reason for each payment.
- a. Pay only priority claims timely filed if there is a question of solvency of the estate.
 - b. Do not pay bills which are doubtful but refer them for court determination.
12. Prepare and file appropriate state and federal income, estate and inheritance tax forms in a timely manner. Pay taxes due or claim applicable refunds.
13. Pay court costs when due; however, attorney's fees and fiduciary fees are only paid after written court order.
14. Keep records of all receipts and all paid bills and canceled checks or other evidence of distribution of any funds or assets of the estate for the Final Report to the Court.

DISTRIBUTE THE ASSETS OF THE ESTATE AND CLOSE THE ESTATE

15. File a Final Account with this court (with "vouchers" or canceled checks) within one year from the date you received your letters from this court. If you cannot meet this deadline, you must show good cause or an extension.
16. After court authorization, make distributions to the proper heirs or beneficiaries and obtain receipts for these.
17. File a supplemental report to the court (with "vouchers" or canceled checks) and obtain an order for closure of the estate.

JUDGE _____
HAMILTON SUPERIOR COURT NO. ____

I acknowledge receipt of a copy of the above instructions and have read and will follow these instructions carefully.

Cause Number: _____ Estate of: _____

Dated: _____

Signature of Personal Representative

Printed Name

**INSTRUCTIONS TO PERSONAL REPRESENTATIVE
OF UNSUPERVISED ESTATE**

LR29-PR00-702.80

FORM PR00-2

Read carefully: date and sign one copy and return it to the court within 10 days. Keep a copy for your reference.

You have been appointed PERSONAL REPRESENTATIVE of the estate of a deceased person. This makes you what is known in law as a “fiduciary” charged with the duty to act responsibly in the best interests of the estate and impartially for the benefit and protection of creditors and beneficiaries. You may be held personally liable if you breach this trust. As personal representative of an UNSUPERVISED ESTATE, you are required to send a notice to all interested persons of their rights relating to unsupervised estates per the rules of the court. Your attorney can provide you with a form of that notice; unless a proof of sending such a notice is filed with the court, you will not be permitted to continue as personal representative.

Listed below are some of your duties. Ask your attorney to more fully explain these and to advise you of other duties you have in your particular circumstances. Although your attorney will assist you, the ultimate responsibility to see that the estate is properly handled rests with you.

INVESTIGATE, COLLECT AND PROTECT THE PROPERTY OF THE DECEDENT

1. Inspect all documents and personal papers of the decedent and retain anything pertinent to tax reporting, location and value of assets, debts or obligations of or to the decedent, or any other items of significance to administration of the estate of the decedent.
2. Complete change of address form at the Post Office to have mail forwarded to you.
3. Open a separate account for the estate -- never combine estate funds with any other funds. Place estate funds in the estate account and use estate money only for estate purposes.
4. Locate and secure all property in which the decedent had any interest, separately or jointly. Maintain adequate insurance coverage.
5. Determine the values of all assets on the date of death, obtaining appraisals if needed.
6. Inventory the contents of any safety deposit box in the presence of a representative of the County Assessor. This is unnecessary if, on the date of death, you were married to the decedent AND you held the safety deposit box as a joint tenant with the decedent.
7. Collect any proceeds of life insurance on the life of the decedent which is payable to the estate. Obtain Form 712 from the insurance company, if needed for taxes.
8. Sign your name as “Personal Representative for the Estate of (name of decedent)” on accounts and securities which are registered to the estate. Consent to Transfer forms are available from the County Assessor.

9. File with this court, within sixty (60) days from the date this court issued your Letters, a verified Inventory of all property belonging to the decedent on the date of death along with values as of that date.

PAY VALID CLAIMS AND KEEP RECORDS OF ALL DISBURSEMENTS

10. Personally notify decedent's creditors whom you can reasonably ascertain. Others are notified by publication in the newspaper. Generally, creditors have five (5) months after the date of first publication to submit their claims.
11. Pay legal debts and funeral bills and keep notations indicating the reason for each payment
- a. If there is a question of solvency of the estate, pay only priority claims timely filed.
 - b. Do not pay bills which are doubtful, but refer them for court determination.
12. Prepare and file appropriate state and federal income, estate and inheritance tax forms in a timely manner. Pay taxes due or claim applicable refunds.
13. Pay court costs when due. Administration fees (attorney's fees and fees for you as personal representative) are a matter of contract between you and the interested persons of the estate and the attorney.
14. Keep records of all receipts and all paid bills and canceled checks or other evidence of disbursement of any funds or assets of the estate for the Closing Statement filed with the court.

DISTRIBUTE THE ASSETS OF THE ESTATE AND CLOSE THE ESTATE

15. Do not make any distribution to any heir or beneficiary until at least five (5) months after the date of the first publication of notice.
16. File a Closing Affidavit with the court within one (1) year from the date you received your letters from this court. The Federal Estate Tax Closing letter and the Indiana Inheritance Tax Closing letter (or countersigned receipt) or photocopy, showing payment of all Federal Estate and/or Indiana Inheritance Tax liability in the Estate shall be attached to the Closing Affidavit.
17. Send a copy of the Closing Affidavit to all distributees of the estate and to all creditors or other claimants whose claims are neither paid nor barred. Furnish a full written account of the administration to the distributees. You cannot be discharged unless a minimum of three months have passed from the time of filing of the Closing Affidavit and no objections have been filed.

JUDGE _____

HAMILTON SUPERIOR COURT NO. _____

I acknowledge receipt of a copy of the above instructions and have read and will follow these instructions carefully.

Cause Number: _____

Estate of: _____

Dated: _____

Signature of Personal Representative

Printed Name

INSTRUCTIONS TO GUARDIANS

LR29-PR00-702.80

FORM PR00-3

Read carefully; date and sign one copy and return it to the court within ten (10) days. Keep a copy for your reference.

You have been appointed guardian of an individual who, because of age or some incapacity, is unable to care for his or her own financial and/or personal affairs. It is important that you understand the significance of this appointment and your responsibility as guardian.

Upon being appointed guardian, you are required to post a bond in the amount set by the court and to take an oath to faithfully discharge your duties as guardian. The bond assures the court that you will properly protect the assets of the protected person.

Listed below are SOME of your duties. These apply whether or not the protected person is your relative. Ask the attorney for the guardianship to fully explain to you each of the items below and to inform you about other duties you have in your particular circumstances. Although the attorney will file all the papers with the court, the ultimate responsibility to see that all reports and papers are accurately prepared and filed rests with you.

As guardian, you are required:

1. To file with the court, within Ninety (90) days after your appointment, a verified inventory of all property belonging to the protected person.
2. To file with the court, within thirty (30) days of the first anniversary of your appointment and, thereafter, every two (2) years, a verified account. This details all property and income received by and all expenses paid from the guardianship.
 - a. Vouchers or receipts should be attached in order to verify each expenditure.
 - b. The present residence and general welfare of the protected person must be stated.
 - c. A report from the treating physician is required if the incapacitated person is an adult.
 - d. To pay bond premiums and court costs as they become due.
 - e. To file federal and state tax returns and to pay taxes for the protected person.
 - f. To open an account, in your name as guardian, in which all of the cash assets of the protected person are deposited. This account shall be used for all

payments and disbursements on behalf of the guardianship and the protected person. Canceled checks and other written proof should be maintained.

- g. To obtain approval from the court to use guardianship assets.
- h. To file a final accounting upon termination of the guardianship. This should detail all property and income received and all expenses paid, with receipts to verify each expenditure.

A guardian is obliged to encourage self-reliability and independence of the protected person and to consider recommendations relating to the appropriate standard of support.

You must protect and preserve the protected person's property and conserve any property of the protected person in excess of the protected person's needs. Accurate accounts must be kept and guardianship funds should **never** be combined with personal funds.

You may **not** make expenditure of investments from guardianship funds without court approval. Unauthorized use of guardianship assets may result in personal liability and/or criminal prosecution.

If any questions arise during the guardianship, you should consult with your attorney.

JUDGE _____
HAMILTON SUPERIOR COURT NO. ____

I acknowledge receipt of a copy of the above instructions and have read and will follow said instructions carefully.

Cause Number: _____ Guardianship of: _____

Date: _____

Signature of Guardian

Printed Name of Guardian

GUARDIANS:
A GUIDE TO PERFORMING YOUR FIDUCIARY DUTIES
LR-29-PR00-702.80
FORM PR00-4

I. INTRODUCTION

You have just taken an oath to faithfully discharge your duties as a guardian. This oath was intended to impress upon you that you have been placed in a position of the utmost trust and responsibility.

Most guardians are given the power and duty to handle an incompetent person's financial affairs. Occasionally, however, the court appoints a guardian when the incapacitated adult or minor has no assets or the powers granted the guardian do not encompass the property of the incapacitated person. If your appointment does not include control of any financial affairs, then your duties are limited to the specific purpose for which the guardianship was established.

Most of the remainder of this guide pertains to guardians who are appointed for the purpose of managing the property of a protected person. The specifics of your duties to handle the protected person's property will be discussed shortly, but you'll go a long way toward success by simply remembering that the property you will be handling is not your own. You must handle the property of the protected person as you would have the protected person handle your property.

II. SPECIFIC DUTIES

The person over whom you have been appointed guardian is under some disability which prevents him from competently handling his financial affairs. Your job is to handle this aspect of life for him. There's really nothing mysterious about what you'll be doing. Just as you personally have an income, pay bills, buy clothing and pay taxes, the protected person will in all likelihood have an income, owe bills, need clothing and be required to pay taxes. The only difference between the two of you is that you can handle these tasks on your own, while the protected person requires your assistance to accomplish them.

Indiana Law specifically details the duties of the guardian. We now turn to an examination of that law.

A. BOND

In order to protect the protected person, every guardian must post a sufficient bond with the court before undertaking his duties. The amount of the bond is fixed at an amount equal to all of the protected person's personal property, plus the annual rental value of any real estate. While there is no exception to the bond requirement, there may be an alternative. If the protected person owns assets

above and beyond those necessary to provide for his needs, you may petition the court for permission to place the excess funds in a restricted account. Typically a restricted account is a Certificate of Deposit with the following words typed on the face of the document: "not to be cashed without order of Hamilton Superior Court No. ____". If the guardianship is over a minor, the following words may be added: "or upon protected person reaching the age of 18". Provided there exist no other reasons for requiring bond, the restricted funds will then be exempt from the bond requirement.

Finally, you may be wondering why the court may have required only a minimal bond upon your appointment. The reason is simple -- neither the court nor you are yet fully aware of the extent of the protected person's assets. Upon your filing of an inventory, the bond will be adjusted accordingly.

B. INVENTORY

Indiana Law requires that every guardian of another person's property file an inventory of that property within ninety (90) day of the date of his appointment. The inventory serves an important purpose: it appraises both you and the court of the extent of the protected person's property.

The inventory which you file must contain every item of the protected person's property which shall come to your possession or knowledge. The property must be classified as to its type (e.g., stocks, bank accounts, real estate) and, if encumbered by a mortgage or other lien, this fact must also be noted.

The fair market value of each item of the protected person's property must be indicated in the inventory. Many items, such as bank accounts, will pose no valuation problems. However, where there is reasonable doubt as to the value of property, the law permits the employment of a disinterested appraiser to assist in the valuation process. If an appraiser is employed, his name and address must be indicated on the inventory.

C. TAKING POSSESSION OF THE PROTECTED PERSON'S PROPERTY

Your letters of guardianship represent your authority to act for the protected person. By representing these to persons or institutions who may be holding the protected person's property, you will be permitted to take that property into your possession.

The phrase "take possession" should not be construed literally. It is not intended that you run out and gather everything the protected person owns so that you can store it in your basement. Rather, you need to contact the persons or institutions holding your protected person's property, either show them or provide them with your copies of your letters, and arrange for the funds or property to be held in the protected person's name with your name listed as guardian. So that no one except you can draw on said funds, do not surrender the original copy of your letters of guardianship -- certified copies of your letters may be obtained from the Hamilton County Clerk's Office.

D. PAYING THE PROTECTED PERSON'S BILLS AND EXPENSES

Your primary purpose as guardian of an adult incompetent's estate is to manage his financial affairs. As part of your management responsibility you will be required to pay all valid bills, expenses and claims of the protected person while constantly bearing in mind your duty to preserve the assets of your ward.

In order to pay these bills, a checking account must be opened. This account will be in your name as guardian. The fact that it is a guardianship account must be clearly stated on the face of each check. Also, it is important that the account be opened at an institution which returns the canceled checks each month. The bills and expenses which a particular protected person incurs will vary according to the circumstances. If your protected person lives in his own home, there will be utility and other bills associated with home ownership. On the other hand, if the protected person resides in a nursing home, these bills may be eliminated by and included in a single monthly payment.

In addition to the ordinary and necessary expenses of your protected person, extraordinary claims may have to be paid on occasion. For example, a hospital might present you with a bill for services which it claims to have provided the protected person prior to your appointment as guardian or an individual might approach you and claim that the protected person owes him money on a contract.

The question which you should ask when presented with any bill, expense or claim on your protected person's property is whether the obligation is valid. Your resolution of this inquiry is critical for, if you negligently honor an invalid claim, the court may hold you personally liable for the amount of the protected person's funds expended.

You may also find it necessary or desirable to provide your protected person with a periodic allowance. Once again, since you have a duty to preserve the assets of the protected person, you must take care that the purpose for which the allowance is desired is a valid one.

In either case, whether you are paying bills or are desirous of providing a periodic allowance, you should consult with your attorney. If there is any question as to the legitimacy or necessity of a bill or claim, authority should be obtained from the court before making payment.

These responsibilities as they relate to a minor are different from those of an adult. A minor's guardian has all the responsibility and authority of a parent and, therefore, is personally responsible for the financial support of the minor. As a general rule, the guardian may not spend the minor's funds, but, instead, must preserve them. Only upon a showing to the court that the parents' income is insufficient to provide for the minor's support will the court approve the expenditure of the minor's funds.

E. THE CURRENT REPORT

The law requires that you file a written report of your activities as guardian within thirty (30) days of the first anniversary of your appointment. Thereafter, such reports are due every two years. You fulfill this duty by filing a current report and accounting. If all of a minor's assets are in a restricted account, the court may waive this accounting requirement.

The current report should contain all information pertinent to the protected person's condition, including his or her present residence and general welfare. If the protected person is an adult, a report of the treating physician verifying the incapacitated state of the person and propriety of the living arrangements must be included with the current report.

Regarding the accounting, the current report must include three schedules. The first will show the total amount of the protected person's property included in the inventory and any additional assets received to the date of the accounting. The second schedule must list all expenditures which were made on behalf of the protected person and, if such amounts are approved by the court, they will be credited against the amount of property for which you are chargeable. Finally, the third schedule will be a recapitulation, and it will show the balance on hand after subtracting the credits you are claiming from the total amount of property which has come into your hands. The balance on hand should list what assets you still hold. In order to verify your expenditures made on behalf of the protected person, you are required to attach canceled checks or vouchers to the current report.

By now you should have realized that accurate record keeping is essential to the preparation of an acceptable current account. Remember that YOU are responsible for the protected person's property and that you are held personally liable for the expenditures of any amount which cannot be substantiated by canceled check or prior court approval.

F. THE FINAL REPORT

A written Final Report is required in all guardianships. Most guardianships are established because of the protected person's age: he is either too young (under eighteen) and, therefore, legally disqualified from handling his own financial affairs or old age has in some way deprived him of the ability to handle this aspect of his life. Therefore, most guardianships terminate either upon the protected person's reaching majority or upon death.

When it is time to terminate the guardianship, you will need to file a final report. The report must indicate the reason for terminating the guardianship and must detail the disposition which you propose to make of the protected person's assets.

If the protected person is living, a hearing will be set to review the Final Report. A copy of the report must be furnished to the protected person and the protected person can file written objections before the hearing date. The court will examine the report to assure that your proposed disposition of the protected person's property is acceptable. The final account will be examined to assure that

the expenditures which you made since the last accounting are permissible. Assuming the court approves, you will then be discharged from your duties and the guardianship will be closed.

III. CONCLUSION

As guardian, you may be faced with difficult decisions as to how you should be handling the affairs of your protected person. You should realize that you need not make these decisions alone. If there is an expenditure which you desire to make or a sale of any of the protected person's personal or real property, you should consult with your attorney who will petition the court for its approval. If the court agrees with your proposal, it will enter an order to proceed. If the court disagrees, then an expenditure or sale for which you might have been held personally liable will have been avoided.

You are encouraged to contact your attorney to assist you with your duties. Since Indiana Law and Hamilton County Court policy forbids employees (including judges and court personnel) from practicing law, an attorney will be your sole source for counseling on legal matters.

Finally, don't be overwhelmed by your duties. Remember that the property you'll be handling is not yours, and if you handle the protected person's affairs as you would have him handle yours, then you should not have any problems.

JUDGE _____
HAMILTON SUPERIOR COURT NO. ____

I acknowledge receipt of a copy of the above instructions and have read and will follow these instructions carefully.

Cause Number: _____ Guardianship of: _____

Date: _____
Signature of Guardian

CERTIFICATION
BY FINANCIAL OR INVESTMENT INSTITUTION
LR29-PR00-705.20, LR29-PR00-710.20, LR29-PR00-716.50
FORM PR00-5

IN THE HAMILTON _____ COURT NO. _____
CAUSE NO. _____

CERTIFICATION BY FINANCIAL OR INVESTMENT INSTITUTION

TO: _____
FROM: _____
(Guardian/Personal Representative's Name)

RE: Guardianship of/Estate of _____

In order to comply with the rules of the Probate Court, I am required to file a Certification of Account or Investment Balances. Please certify the balances and names on the accounts or investments I have listed below.

Dated: _____
(Guardian/Personal Representative)

For Bank or Investment Institution Use Only:

I certify that on the _____ day of _____, 20 ____, the last day of the period covered by this accounting, there was on deposit in this institution an account or there exists an investment to the credit of the guardian/personal representative, showing the following balance:

Name on Account/Investment	Account/Investment Number	Balance	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This account(s)/investment (s) contains the following restriction: **NO PRINCIPAL OR INTEREST SHALL BE WITHDRAWN WITHOUT WRITTEN ORDER OF _____ OF HAMILTON COUNTY, INDIANA.**
(Yes _____ or No _____) Please check ONE.

Name and Address of Institution: _____

Signature of Certifying Officer: _____
Printed: _____
Title: _____
Date: _____

CLERK'S CERTIFICATE AS TO
COSTS/CLAIMS
LR29-PR00-710.70, LR29-PR00-712.30
FORM PR00-6

STATE OF INDIANA) IN THE HAMILTON _____ COURT NO. _____
) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF
THE ESTATE OF

CLERK'S CERTIFICATE AS TO COSTS/CLAIMS

This is to certify that all costs have been paid in this proceeding through _____
_____.

In addition, all claims filed in this proceeding have been satisfied and shown released.

Yes/No

(If no, list the claims that remain pending: _____

Date: _____

Clerk of Hamilton County

MAXIMUM FEE GUIDELINES
FOR
SUPERVISED ESTATES
LR29-PR00-711.60
FORM PR00-7

PREAMBLE

Purpose of the Fee Schedule

The Probate Committee of the Indiana Judicial Conference has prepared Guidelines for Estate Fees in an effort to achieve the following objectives:

1. Establish uniformity throughout the State in determining a fair and reasonable fee for supervised estates;
2. Provide a guideline to assist the court in determining fair and reasonable fees;
3. Furnish a guideline to attorneys so they can discuss fees that may be reasonably incurred with their clients at the onset of administration; and
4. Assist the legal profession to arrive at a fair and reasonable fee for estate work.

The schedule is NOT a minimum fee schedule, but a maximum fee schedule. Every attorney and personal representative has an obligation to request a fee which is fair and reasonable for the work performed, taking into account the provisions of the Rules of Professional Conduct applicable to attorneys admitted to practice law in the State of Indiana. However, any request for fees should not exceed the guidelines set out in the schedule. In an uncomplicated estate, fees should be less than the maximum fees listed in this schedule, and fees should always bear a reasonable relationship to the services rendered.

PRINCIPLES APPLICABLE TO FEE DETERMINATIONS

Although fee guidelines have been promulgated by the court for probate matters, it is important that your attention be directed to certain criteria as they pertain to these guidelines.

The existence of the guidelines does not assure that all fees allowed by the court will adhere to them. Other factors must be considered by the attorney and his, or her, client. The same factors will also be considered by the court in making its final determination.

The criteria to be considered includes the following:

A. The time and labor required, the novelty, complexity, or difficulty of the questions involved, the skill required to perform the services properly, and shall include a determination as to how much of the attorney's time was devoted to legal matters and how much of it was devoted to ministerial functions;

B. The nature and extent of the responsibilities assumed by the attorney and the results obtained, and shall include the considerations of the identity of the personal representative and the character of the probate and non-probate transferred assets;

C. The sufficiency of assets properly available to pay for legal services, and shall consider whether the attorney's duties are expanded by the existence of non-probate assets because of their inclusion for tax purposes, both federal and state;

D. The timeliness with which the necessary services are performed consistent with statutory requirements, the Court's Rules of Procedure and the Rules of Professional Conduct applicable thereto.

In considering all of these factors, attorneys are urged to discuss their fee and that of the personal representative at the time they are retained in all probate matters.

ATTORNEY FEES

I. ADMINISTRATION:

Gross estate services are considered to normally include: Opening of the estate, qualifying the personal representative, preparing and filing the Inventory, paying claims, collecting assets, preparing and filing non-extraordinary petitions, preparing and filing the Inheritance Tax Schedule, obtaining the court order thereon and paying the taxes, preparing and filing the Final Report, obtaining order approving same, distributing assets, obtaining discharge of the personal representative, and preparing and serving all notices on interested parties and readily ascertainable creditors throughout the proceedings. This list shall not be considered to be exclusive.

A. Gross estate:

Up to \$100,000, not to exceed. 6%

Next \$200,000, not to exceed 4%

Next \$700,000, not to exceed 3%

Over \$1,000,000, not to exceed 1%

B. Miscellaneous - extraordinary services:

Sale of real estate \$500.00

Federal Estate Tax Return:

Basic Fee \$600.00

Assets exceeding those indicated in
Inheritance Tax Schedule 1%

Inheritance Tax Schedule

Cash, stock, bonds, other intangibles

- non-probate assets 1%

Other assets - non-probate assets 1.5%

Petition - ex parte \$175.00

Other than as provided above Court-approved
hourly rate

(Attorney's expertise in probate matters will be considered by the court in determining the applicable hourly rate.)

II. MISCELLANEOUS:

Probate Will only \$175.00

Small estate settlement procedure \$300.00

Inheritance Tax Schedule (see above)

Federal Estate Tax Return (see above)

III. WRONGFUL DEATH ADMINISTRATION:

Fees not to exceed:

Settlement prior to filing 25%

Settlement after filing and prior to trial . . . 33 1/3%

Trial. 40%

Appeal, or extra work. 50%

IV. GENERAL:

A. Extraordinary Fee Requests.

Fee petitions requesting extraordinary fees must set forth services rendered with specificity. Extraordinary services may include: Sale of personal property, sale of real property, partial distribution, will contest actions, contesting claims, adjusting tax matters, contested hearings, petitions for instructions, heirship determinations, generating additional income for the estate, etc. All such petitions will be set for hearing, with notice to all interested parties. If all interested parties sign a waiver and consent stating that they have been advised the additional fee request exceeds the court's guidelines and the services as detailed are extraordinary, the court may, in its discretion, determine if a hearing is required. An acceptable form of waiver is attached.

B. Filing of Fee Petition.

Before any fee is paid a petition for allowance of such fee shall be filed and determined by the court. A request for fees will be considered only under the following circumstances:

1. When the inheritance tax petition is ready to be filed; or
2. When a petition to find no tax due has been approved; or
3. When necessary for purposes of an estate fiduciary income tax deduction; or
4. Under extraordinary circumstances.

V. UNSUPERVISED ESTATES:

The court will not determine and allow fees in an unsupervised estate.

PERSONAL REPRESENTATIVE FEES

I. PROFESSIONAL:

Their applicable reasonable rate shall be reviewed in light of all prevailing circumstances.

II. NON-PROFESSIONAL:

An amount not in excess of one-half (1/2) of the attorney's fees.

III. ATTORNEY:

When the attorney also serves as the personal representative, an additional amount not in excess of one-third (1/3) of the attorney fee may be allowed, provided:

- A. Additional services have been performed which are normally done by the personal representative; and
- B. Assets of the estate warrant the allowance of additional fees.

LIMITATION ON FEES

In all instances, the combined total of the fees allowed to the personal representative and attorney for the administration of an estate shall not exceed ten percent (10%) of the decedent's gross estate.

**WAIVER AND CONSENT TO ALLOWANCE
OF FEES IN EXCESS OF GUIDELINES**

When an attorney reasonably believes that extraordinary circumstances exist and request fees that exceed the guidelines, it is suggested that all affected parties either sign a waiver and consent, or the fees be determined only after notice to the affected parties and hearing on the petition. The waiver and consent should not be merely a pro forma waiver and consent, but should be in substantially the following form:

IMPORTANT: PLEASE READ BEFORE SIGNING!

WAIVER AND CONSENT

The undersigned, an interested party in the Estate of _____,
understands that:

A. The maximum fee ordinarily allowed by the court for legal
services in this estate would amount to \$_____;

B. The attorney has requested fees in the amount of
\$_____, alleging that extraordinary and unusual services have been
performed.

The undersigned, being fully advised, now consents to the allowance of the
requested fee, waives any notice of hearing on the Petition and requests that
the court allow fees in the amount of \$_____.

Dated: _____
Devisee/Heir

INSTRUCTIONS TO GUARDIAN AD LITEM
LR29-PR00-714.10, LR29-PR00-716.20
FORM PR00-8

A **guardian ad litem** is a special guardian appointed by the court to represent the interests of a minor or incapacitated person in a court action. Your duty to represent an incapacitated person at a petition for guardianship hearing, at a minimum, include all of the following:

1. Visit the person alleged to be legally incapacitated;
2. Explain to the person the nature, purpose, and legal consequences of appointment of a guardian;
3. Explain to the person the hearing procedure and the person's rights in the hearing procedure, including but not limited to:
 - A. The right to contest the Petition;
 - B. The right to request limits on the guardian's powers;
 - C. The name of the individual seeking to be appointed guardian;
 - D. The right to object to the appointment of a particular person or institution being appointed guardian;
 - E. The right to be present at the hearing;
 - F. The right to be represented by legal counsel.
4. Contact the person's doctor for purposes of obtaining information regarding the physical and/or mental condition of the person.
5. Make determinations and inform the court of those determinations on all of the following:
 - A. Whether the person alleged to be legally incapacitated wishes to be present at the hearing;
 - B. Whether the person alleged to be legally incapacitated wishes to contest the Petition;
 - C. Whether the person alleged to be legally incapacitated wishes limits to be placed on the guardian's powers;
 - D. Whether the person alleged to be legally incapacitated objects to a particular person being appointed guardian;
 - E. Whether it is in the best interests of the person alleged to be legally incapacitated that a guardian be appointed;
 - F. Whether it is in the best interests of the person alleged to be legally incapacitated that the individual seeking to be appointed guardian actually be appointed as guardian;
 - G. Whether it is in the best interests of the person alleged to be legally incapacitated that limits be placed on the guardian's powers.

JUDGE _____
HAMILTON SUPERIOR COURT NO. ____

I acknowledge receipt of a copy of the above instructions and will read and follow these instructions carefully.

Cause Number: _____

Guardianship of: _____

Dated: _____

Signature of Guardian Ad Litem

Print Name of Guardian Ad Litem

GUARDIAN AD LITEM REPORT

INCAPACITATED PERSON

LR29-PR00- 714.10

FORM PR00-9

STATE OF INDIANA) IN THE HAMILTON SUPERIOR COURT NO. _____
) ss:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF

Incapacitated person.

GUARDIAN AD LITEM REPORT

_____ submits the following report on _____
_____, a proposed protected person, based on an assessment of the respondent
on the ____ day of _____, 20____, at _____.

1. Describe the nature and type of the respondent's disability: _____

2. Describe the respondent's mental and physical condition; and, when it is appropriate,
describe educational condition, adaptive behavior and social skills: _____

3. State whether, in your opinion, the respondent is either totally incapable, or is partially
capable, of making personal and financial decisions; and, if partially capable, state the kinds of
decisions which the respondent can and cannot make. Include the reasons for this
opinion: _____

4. Describe the respondent's feelings about the proposed guardianship as well as the
respondent's relationship with the potential guardian: _____

5. Describe the respondent's assets and estimate the value thereof: _____

6. In your opinion, is guardianship necessary for the respondent at this point in time? Include the reason for this opinion: _____

7. What, in your opinion, is the most appropriate living arrangement for the respondent; and, if applicable, describe the most appropriate treatment or habilitation plan. Include the reasons for your opinion: _____

Date: _____

Signed: _____

Printed: _____

Address _____

City _____ State: _____

Telephone: _____

PHYSICIAN'S REPORT
LR29-PR00-714.20, LR29-PR00- 714.50
FORM PR00-10

STATE OF INDIANA) IN THE HAMILTON _____ COURT _____
) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF
THE GUARDIANSHIP OF

PHYSICIAN'S REPORT

_____, a physician licensed to practice medicine in all its branches in the State of Indiana, submits the following report on _____, an alleged incapacitated person, based on an examination of said person on the _____ day of _____, 20 ____.

1. Describe the nature and type of the incapacitated person's disability: _____

_____.

2. Describe the incapacitated person's mental and physical condition; and, when it is appropriate, describe educational condition, adaptive behavior and social skills: _____

_____.

3. State whether, in your opinion, the incapacitated person is totally or only partially incapable of making personal and financial decisions; and, if the latter, the kinds of decisions which the incapacitated person can and cannot make. Include the reason for this opinion. _____

_____.

4. What, in your opinion, is the most appropriate living arrangement for the incapacitated person; and if applicable, describe the most appropriate treatment or rehabilitation plan. Include the reasons for your opinion. _____

_____.

5. Can the incapacitated person appear in court without injury to his/her health?

_____.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Signature: _____

Printed: _____

Address: _____

City/State/Zip: _____

Telephone: _____

This report must be signed by a physician. If the description of the incapacitated person's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professionals, all professionals preparing evaluations must sign the report. Evaluations upon which the report is based must have been performed within three (3) months of the date of the filing of the petition.

Names and signatures of other persons who performed evaluation upon which this report is based:

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____

BIENNIAL REPORT OF GUARDIAN MINOR
(NO ASSETS)
LR29-PR00-714.50 - NO ASSETS
FORM PR00-11

STATE OF INDIANA) IN THE HAMILTON SUPERIOR COURT NO. ____
) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF:

Minor (No Assets)

BIENNIAL REPORT OF GUARDIAN

____ Comes now _____, guardian of the minor, and after being first duly sworn upon (his)(her) oath, states as follows:

1. Petitioner was appointed as guardian of _____ on the ____ day of _____, 20____. The minor was _____ years of age at the time of the guardian's appointment. Petitioner/guardian resides at _____, _____, Indiana.

2. _____ is presently enrolled at _____ School in _____, Indiana, and attends _____ classes and is in the _____ grade.

3. The minor resides with the guardian on a full-time basis at _____, _____, Indiana.

4. At the time the guardianship was established, _____ had no assets or income and continues to have no assets or income administered by the guardian. The minor has acquired no assets or income since the guardianship was established.

5. _____

_____.

WHEREFORE, _____, the guardian herein, hereby requests that the court approve this report and order any additional just and proper relief in the premises.

Guardian of Minor

I affirm, under the penalties of perjury, that the foregoing representations are true.

ORDER APPROVING BIENNIAL REPORT
LR29-PR00-714.50, LR29-PR00-716.80
FORM PR00-12

STATE OF INDIANA) IN THE HAMILTON SUPERIOR COURT NO. ____
)SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF:

_____.

ORDER APPROVING BIENNIAL REPORT

COMES NOW the guardian, _____, and files
Biennial Report of Guardian in the words and figures following, to wit:

(H.I.)

The court, being duly advised in the premises, NOW FINDS that same should be approved.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED by the court that the Biennial
Report of the Guardian is hereby approved.

SO ORDERED this _____ day of _____, 20_____.

JUDGE, HAMILTON SUPERIOR COURT NO. ____

Distribution:

1 RJO
1 Court File
1 Counsel of Record
1 Guardian

GUARDIAN AD LITEM REPORT

A MINOR

LR29-PR00-716.20

FORM PR00-13

STATE OF INDIANA) IN THE HAMILTON SUPERIOR COURT NO. ____
) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF

A minor.

GUARDIAN AD LITEM REPORT

_____ submits the following report on _____, minor
child, based on an assessment of the child on the ____ day of _____, 20__, at
_____.

1. Describe the nature of the child's current situation. Are the parents able to care for the child? Describe the parents' present situation and their home. Do they consent to the guardianship? _____

_____.

2. Describe the mental and physical condition of the child. If the child is school age, describe the educational adjustment and describe any behavior problems observed in this setting: _____

_____.

3. Describe the mental and physical condition of the parents and how it relates to their care of child: _____

_____.

4. Is this child old enough to make reasonable and responsible decisions for self? _____

_____.

5. Describe the relationship between child and proposed guardians. State in specific terms the positive as well as the negative aspects of the relationship: _____

_____.

_____.

6. Describe the child's assets and estimate the value _____

7. In your opinion, is a guardianship necessary for the child at this time? Give specific reasons for this opinion: _____

8. Give your opinion as to the most appropriate living arrangement for the child. Give specific reasons for your opinion: _____

9. Should visitation by the natural parents be allowed? What restrictions, if any, should be placed on visitation? If child support is not currently ordered, should it be? _____

_____.

10. Additional comments: _____

Date: _____ Signed: _____

Printed: _____

Address _____

City _____ State _____

Telephone: _____

REPORT FOR RELEASE OF FUNDS

LR29-PR00-716.50

FORM PR00-14

STATE OF INDIANA) IN THE HAMILTON _____ COURT NO. _____
) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF

A Minor.

REQUEST FOR RELEASE OF FUNDS

Comes now the guardian of the minor and requests a release of the minor's funds as follows:

1. Minor who is the owner of the funds:
 - A. Name _____
 - B. Address _____
 - C. Date of birth _____

2. Person requesting release of funds:
 - A. Name _____
 - B. Address _____
 - C. Relationship to minor _____

3. Description of Account:
 - A. Bank or other financial institution where funds are on deposit

 - B. Present balance in account _____
 - C. Account number _____

4. Amount of withdrawal requested _____

5. Purpose of withdrawal _____

6. State why parent is unable to provide funds _____

7. Date of last withdrawal _____

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING
REPRESENTATIONS ARE TRUE.

Date

Guardian's Signature

ATTORNEY'S UNDERTAKING AND OBLIGATION

LR29-PR00-716.50 (a)

FORM PR00-15

STATE OF INDIANA) IN THE HAMILTON _____ COURT _____
) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF THE
GUARDIANSHIP/ESTATE OF

ATTORNEY'S UNDERTAKING AND OBLIGATION

___I, the undersigned guardian or personal representative , having been appointed by the Hamilton _____ Court _____, on this date, hereby authorize my attorney, _____, to deposit all of the net guardianship/estate assets, in the amount of \$ _____, in an account or in a court approved investment with my name as guardian/personal representative with the restriction that withdrawal of principal or interest may be made ONLY on written order of Hamilton _____ Court ____.

Date: _____

Guardian/Personal Representative Of:

I, the undersigned, as an officer of this court and as attorney for the above guardian/ Personal Representative, hereby assume and undertake personal responsibility to the above named protected person or the estate and to the Hamilton _____ Court _____, to make the restricted deposit above designated and to deliver copies of the SIGNATURE CARD and/or PASSBOOK and/or such other account or investment documents evidencing such restricted deposit, and the amount thereof, to the court within ten (10) working days from this date or to refund all of said funds to the court forthwith upon demand.

Date: _____

Attorney for Guardian/Estate

Address: _____

Phone: _____

BIENNIAL REPORT OF GUARDIAN
MINOR RESTRICTED
LR29-PR00-716.80
FORM PR00-16

STATE OF INDIANA) IN THE HAMILTON SUPERIOR COURT NO. ____
) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF:

A minor (Restricted Account)

BIENNIAL REPORT OF GUARDIAN

Comes now _____, guardian of the minor, and after first being duly sworn upon (his) (her) oath, states as follows:

1. Petitioner was appointed as guardian of _____ on the ____ day of _____, 20____. The minor was ____ years of age at the time of the guardian's appointment. Petitioner/guardian resides at _____, _____, Indiana.

2. _____ is presently enrolled at _____ School in _____, Indiana, and attends _____ classes and is in the _____ grade.

3. The minor resides with the guardian on a full-time basis at _____, _____, Indiana.

4. At the time the guardianship was established, _____ was the recipient of funds which were placed in a restricted account. The amount of funds received by the minor and placed in the restricted account was \$ _____. The financial institution where the restricted account is held is _____ (financial institution), _____, Indiana and the value of the minor's funds at this time is \$ _____. Attached is a copy of the most recent account statement.

5. As guardian, I understand that the minor's funds cannot be withdrawn or spent without this court's prior written approval.

6. _____

_____.

WHEREFORE, _____, the guardian herein, hereby requests that the court approve this report and order any additional just and proper relief in the premises.

Guardian of Minor

I affirm, under the penalties of perjury, that the foregoing representations are true.

Guardian of Minor